DECLARATION OF INTERESTS

None.

AUTHOR CONTRIBUTIONS

Carolyn Dresler: Conceptualization; data curation; formal analysis; funding acquisition; investigation; methodology; project administration.

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1. Meier BM, Raw M, Shelley D, Bostic C, Gupta A, Romeo-Stuppy K, et al. Could international human rights obligations motivate countries to implement tobacco cessation support? Addiction. 2023;118:399–406.

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Mainstreaming smoking cessation brief advice in health systems using the United Nations human rights system

Connecting the Framework Convention on Tobacco Control to the United Nations human rights system is a novel approach to promote cessation. The COVID-19 pandemic and worsening global economic outlook underscore the need for clarifying State obligations. Brief cessation advice may be a first-step low-cost intervention that is also rapidly scalable.

In their paper, Meier et al. propose using the United Nations human rights system for monitoring state obligations under Article 14 of the Framework Convention on Tobacco Control (FCTC) towards the progressive realization of cessation support [1]. The authors note that tobacco addiction undermines individual autonomy and self-determination under the right to health, which can only be restored through cessation. Despite the limitations of the FCTC Article 14 and its failure to ground cessation in human rights under international law, the associated guidelines draw upon human rights norms and principles. The novel framework proposed by Meier et al. presents largely unexplored pathways for supporting cessation, including the use of human rights monitoring mechanisms towards improving State accountability.

Tobacco cessation is generally recognized as an underfunded and undervalued health intervention. A reflection of this is that few countries have met their obligations under FCTC Article 14 on effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence [2]. Low-income countries lack cessation interventions altogether, while many middle- and high-income countries neglect cessation interventions [3]. Low- and middle-income countries are especially vulnerable, having a relatively high burden due to tobacco use, alongside more limited resources.

Increased investment in cessation, whether from international or national sources, would be expected to improve cessation capacity and impact. However, despite many cessation interventions being low-cost, they have not been widely adopted [4, 5]. The authors note that 'funding alone does not determine State commitment to cessation', and that political will is an important factor [1].

Looking forward, two broad contextual factors should be considered: the COVID-19 pandemic and the global economic outlook. The ongoing pandemic has weakened health systems, with some teetering towards collapse. Ineffective reforms and weak investment in the pre-pandemic age had already rendered some systems vulnerable to the upheaval caused by the pandemic. The impact continues to be felt, with deteriorating working conditions for health professionals as well as the impact of long COVID and chronic disease sequelae of COVID infection [6, 7]. In the UK National Health Service alone, more than 10 000 personnel are reportedly off work for more than 3 months due to Long COVID [8].

The economic outlook across many countries is also not favourable. Increased investment in health is necessary, but will be challenging. Ongoing political–economic conflicts and wider geopolitical fracturing may constrain economies for an extended period. The International Monetary Fund (IMF) July 2022 report forecasts a slowdown in global growth, from 6.1% in 2021 to 3.2% in 2022, wavering around a global recession [9].

Considering these contextual factors and the thus-far limited State progress on cessation, it is highly desirable to explore new pathways. Clarifying State obligations and their enforcement presents an important opportunity to push forward cessation. The increasingly limited capacities of health systems as well as more limited financial resources underscore the need for interventions that are both scalable and low cost. Principal among these interventions may be brief advice.

The mainstreaming of brief advice within health systems requires limited resources and can be rapidly scaled. National authorities may be obligated to provide brief advice, in recognition of an individual's right to health. Non-governmental organizations may be obligated to include it in their basic service packages provided to populations, including refugees, and in many countries where State capacity is considerably weak as to necessitate a large role for such organizations. This may further be applied for intergovernmental bodies, such as the World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR).

Importantly, brief advice should be seen as merely a first—but important—step in cessation, as part of the progressive realization of tobacco cessation policies. It should not be considered as a minimum target, nor come at the expense of other low-cost cessation interventions. As Meier et al. note, the 10th FCTC Conference of the Parties presents an opportunity to better connect the FCTC within the United Nations human rights framework. The mechanisms used in human rights governance would be an important pathway for supporting cessation through increasing State accountability and political will, particularly in the upcoming challenging period.

KEYWORDS

Brief advice, cessation, COVID-19, health system, human rights, United Nations

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